

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
GEORGE S LIPER JR	DCDULB
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
203 CAMBRIDGE CT HAVERHOCK, NC 29532	27 JUL 15
	e. Phone Number
	2524478898

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	01-01-15	06-30-15	GEORGE S LIPER JR

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure				
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
NAY FEDERAL CREDIT UNION			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
ALL CAMPAIGN EXPENSES			
d. Period Begin Balance		d. Period Begin Balance	
\$ 1402.34		\$	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

GEORGE S LIPER JR
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

27 JUL 15
Date

FOR OFFICE USE ONLY

Date Received:	JUL 27 2015	Employee:	<i>[Signature]</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

JUL 27 2015

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment



Yes



No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Committee To Elect GEORGE LINER		MID YEAR	DCDU LB	
Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 1402.34	\$ 1402.34	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$	0	\$ 0
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$	0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$ 0
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	0	\$ 0
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	777.51	\$ 777.51
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0	\$ 0
15) Loan Repayments	(CRO-1420)	\$	0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$	0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	777.51	\$ 777.51
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	624.83	\$ 624.83
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	0	
24) Account Transfers Within the Committee	(CRO-1720)	\$	0	
25) Administrative Support	(CRO-1710)	\$	0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$	0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$	0	\$ 0

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect George Slizer					DCDUB	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
None						
			e. Election Sum to Date			
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
None						
			e. Election Sum to Date			
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
None						
			e. Election Sum to Date			
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

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Disbursements

Pg 1 of 2 Amendment ☒ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GEORGE SLIPER					JCDUWB	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
REPUBLICAN PARTY NEW BERN, NC 28562						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 280.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	G	01-22-15	\$ 180	-	
1	CHECK	G	01-22-15	\$ 100	-	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SAM'S CLUB 4740 CAMELINA HWY 11 WINTERVILLE, NC 28590						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 25.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH	K	01-27-15	\$ 25.86	PERS PAPER	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
AVIATION HERITAGE 201 TOURIST CENTER DR HAULEY, NC 28532						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 350.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	H	02-07-15	\$ 350.00	SPONSOR	
5. Total only this Page						\$ 655.86
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 777.51
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">A* - Media</div> <div style="width: 25%;">B* - Printing</div> <div style="width: 25%;">C* - Fundraising</div> <div style="width: 25%;">D - To Another Candidate</div> <div style="width: 25%;">E - Salaries</div> <div style="width: 25%;">F* - Equipment</div> <div style="width: 25%;">G - Political Party</div> <div style="width: 25%;">H* - Holding Public Office Expenses</div> <div style="width: 25%;">I - Postage</div> <div style="width: 25%;">J - Penalties</div> <div style="width: 25%;">K* - Office Expenses</div> <div style="width: 25%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 25%;">O* Other</div> </div>						
* Codes require detailed explanation in required remarks field (k)						

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DisbursementsPg 2 of 2 ☒ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT GEORGE SLIPER				DCDUB	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
NC COASTAL LAND TRUST 131 RACING DR WILMINGTON, NC 28403					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	H	03-07-15	\$ 100.00	MEMBERSHIP
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WAL MART Hwy 70 HAYES ROCK, NC 28532					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 21.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CASH	R	04-08-15	\$ 21.65	SUPPLIES
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 121.65
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 777.51
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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